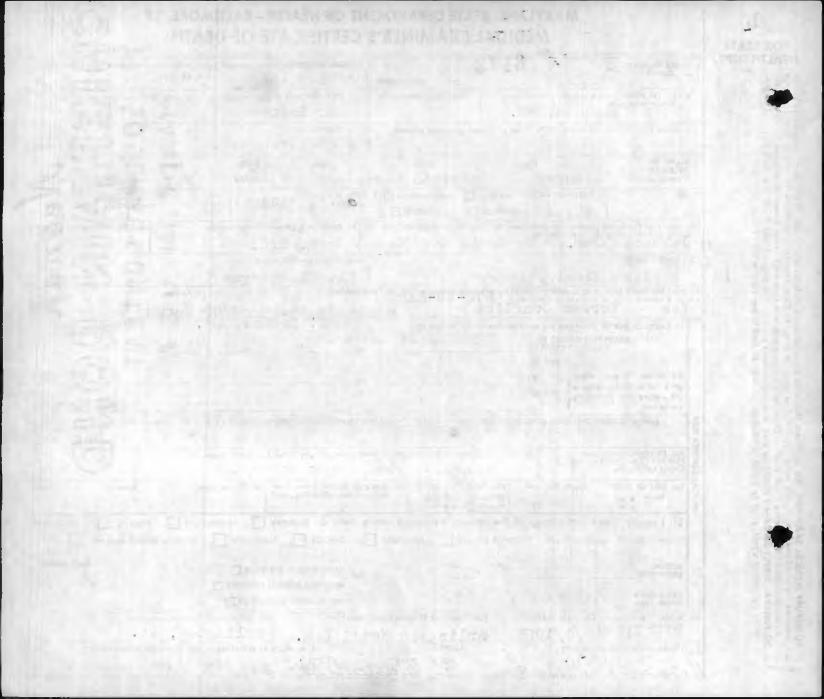
FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

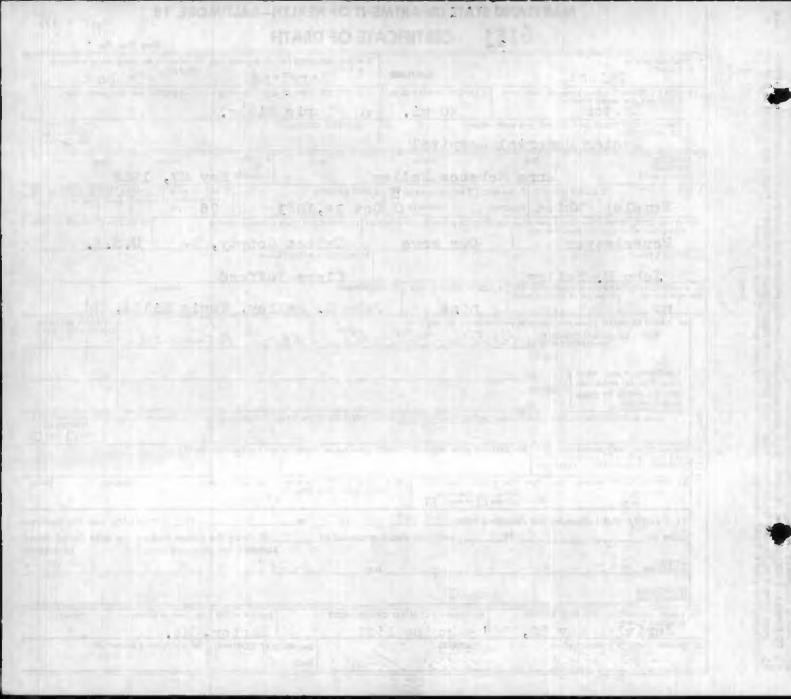
06141

		A STATE OF THE PARTY OF THE PAR					Keg, Dist, I	10.
o. COUNTY	Fallot-	5172 MAI	RYLAND	o. STMaryla		b. COUNT		efore admission)
Near 1	ill outside corporate limits, write	RURAL C. LENGTH OF STA	Y IN 16	Mt. Rai		porote limits, write	RURAL and give	nearest town)
d. NAME OF HOSP	ITAL OR INSTITUTION (IF	not in hospital, give street addr	ess)	d STREET ADDRESS 3205 Ver	num S	t.		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Stanley	Hartman	Av	ery	4. DATE OF DEATH	Mont	b Do	
5. SEX Male	6. COLOR OR RACE	7. MARRIED NEVER MARRI WIDOWED DIVORCE	&	Jan 3, 19	334	9. AGE (in years loss birthday)	Months Days	
Jalousi	ing life, even if retired)	David Max (Wash. D			USA	OF WHAT COUNTRY
13. FATHER'S NAME	m 1 2			4. MOTHER'S MAIDEN				
The state of the s	n Stanley	- Y		Elva Bam	berge	r	P- 249	
15. WAS DECEASED E	Korean Con			nethe Ave	ry 3	205 Ver		
850, X Conditions, if gove rise to imm (o), stoting the couse lost.	underlying DUE TO	acciden to		own wy				SET AND DEATH
PART II, O'	THER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEA	ATH BUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
PART II. O	SMIKIBUTING L	Tell form	heat		iles &	of item 18.)		
Z 20c. TIME OF INJU	1,	20d. INJURY OCCURRED While Not white of work of work	20e. PLACE factory	OF INJURY (Home, for, street, office bidg., et	rm, 20f. (Cit)	y or lown)	(County)	(Stote)
		of the remains described total courses []. According to the second of th	ident 🗍		Homicide EXAMINER CAL EXAMINE		Inquiry [rmined monr	DATE SIGNED
220. BURIAL, CREMATI REMOVAL (Specif Burial	(y) 6/3/1950			'1 Cem.		TION (City, town, the Lington,	Va.	(Stote)
23. FUNERAL DIRECTO	19. M. D.	ADDRESS 7	nich		JUN 4	The state of the s	STRAR'S SIGNATI	eh.

TO DEPUTY MIDICAL EXAMINER. This certificate should be executed within 24 haves after death. If any delay is necessary, execute the certificate principle ward "pending" in pending them, 18. Give Pages 1, 2, and 3 to the funeral director 4 should be farward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR? Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. **VS. A15ME** 5M 2/57



HOSPITAL



TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the spirial or attending physician.

TO FUNERAL DIRECTOR

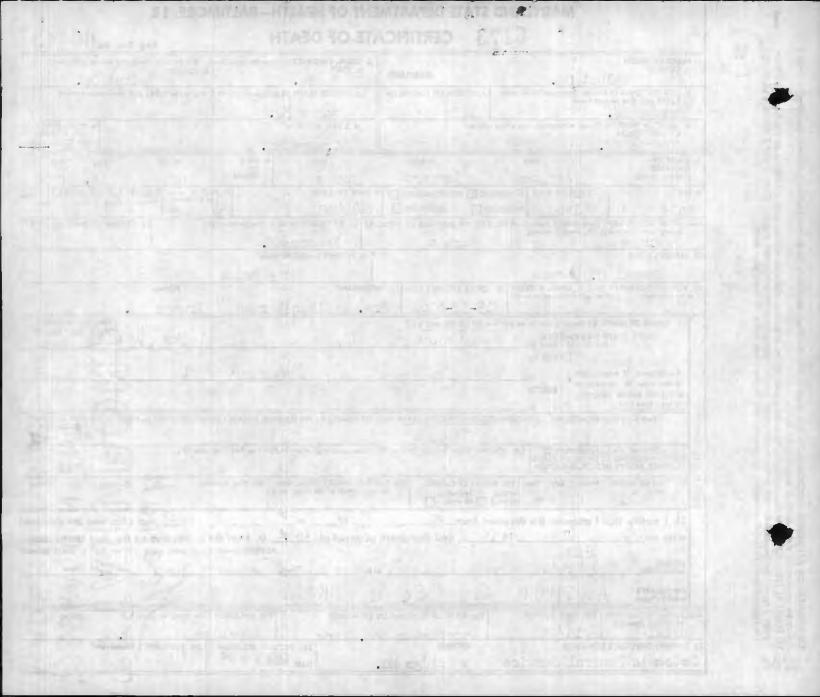
er this certificate has been signed by the attending physician and campletely filled in by the funding contact page 3 should be detacated for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/SS MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

61	73	CERTIFICATE	OF DEATH
UI.	6 13	CERTIFICATE	OF DEATE

Reg. Dist. No.06143

PLACE OF DEATH COUNTY Ta	lbot Co.		MARYLAND	2. USUAL RESI	DENCE (Where	deceased live	d. If institution b. COUNTY	Talbot		nission)
b. CITY OR TOWN (RURAL and give n	If outside corporate limi earest town)	ts, write	c. LENGTH OF STAY IN 18	10.7	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
d. NAME OF HOSPI OR INSTITUTION Trappe M	FAL (If not in hospital, g	jive street		d. STREET	pe Md. ADDRESS ADDRESS				ON	RESIDENCE I A FARM?
3. NAME OF										
DECEASED (Type or print)	Attiso	-	Leonard	Barnes		OF DEATH	May	th	Day	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	TED NEVER MARRIED	S. DATE OF BIRT	Н	9. A	GE (In years	IF UNDER TYE		IDER 24 HRS.
Male	White	WIDOWE	_	8/4/191	.3	141	ost birthdoy)	Months Day	1 Hou	Min.
100. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPI	LACE (Stole or I	oreign cauntry	y)	12. CITIZEN	OF WH	AT COUNTRY?
Farmer	king lite, even it retired	,	Farming		ppe Md.			USA		
13. FATHER'S NAME			200	14. MOTHER'S	MAIDEN NAV	E				
Samuel	O. Barnes				Mary	Price				1
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFORMANT	U		Addi	ess		
[Yes, no, or unknown])If yes, give war ar dates of s		13-32-6366	Mrs. Atti	son Bar	nes	Trapp	e Md.		
PART 1, DEA 1445, O Conditions, if a gave rise to i carse (a), storing lying cause lost.	mmediate (, ~	netastat	ic Can	Ton	na ·	ne, it			BETWEEN ND DEATH
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINA	L DISEASE CO	NDITION GIV	EN IN PART 1(c	PER	S AUTOPSY FORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	ERIBE HOW INJURY OCCUR	RED. (Enter nature o	of injury in Part	I or Port II of	f item 18.)	LE	1 100	7
20c. TIME OF INJUI Hour o. m. p. m.	IY Month, Doy, Yes	while of worl	Not while	PLACE OF INJURY (factory, street, office	Home, form, e bldg., etc.)	20f. (City or to	own)	(Coun	ly)	(\$tole)
21. I certify it alive on	ARTHU	decease 125	ed from Se pt 1 S., and that dea	14 accurred at	6 A	A, from the	e causes a	that I last and an the state)	date sta	
220. BURIAL, CREMATIC)F	22c. NAME OF CEMETERY	OR CREMATORY	22	d. LOCATION	(City, town, c	or county)	(\$	lote)
Burial (Specify)	5/16/58		Dorchester	Mem Park	. 0	ambrid	ge	Md.		d 17
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		24a. REC'D B			TRAR'S SIGNA	TORE	
LeCompte F	uneral Serv	rice	Cambridge M	d.	DATE MAY	1 9 '58	133	hadu.	(3)	



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6159 CERTIFICATE OF DEATH

06144

	010	C CERTIFICA	TIE OI DEPTII	" R	eg. Dist. No.
OCCUPAN	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO STATE	b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pas Ton d. NAME OF HOSPITAL (If not in hospitol, give street of RISTITUTION Memorial Ho	c. LENGTH OF STAY IN 16 2 days oddress) sp.	d. STREET ADDRESS	utide corporate limits, write RUR/	at and give nearest town) o. 15 RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) 5. SEX 16. COLOR OR RACE 17. VAND.	Middle Henry	Baynard	4. DATE Month OF DEATH MALE	Doy Year 13 1955 AUNDER 1 YEAR IF UNDER 24 MRS.
	MIZ WIDOWE	D S SIVERCEPTE	B. DATE OF BISTON STRY 11. BIRTHPLASE (Stote	in birthday) W	Admits Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
,	during most of working life even if retired) 13. FATHER'S NAME	none	14. MOTHER'S MAIDEN	land	4.5.4.
1	15. WAS DECEASED FYER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	ROSE	tta Hayr	nan
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY:	ine	Helen	I aye	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	23/201773 0	y righ	+ thigh	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION CONTR				IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES
	20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	fort Lor Port II at item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. In Hour e. m. 19 White of worl	Not while for	ACE OF INJURY (Home, form ctory, street, office bidg., atc	20f. (City or town)	(County) (State)
	21. I certify hat I oftended the decease alive on Actual SIGNATURE	, and that death			hat I last saw the deceased an the date stated above to DATE SIGNET
	PHYSICIAN'S E.C. H.	ahmidt	Ezst	07 /6/M	explered
	220 BURIAL EREMATION, 22b DATE THEREOF	Meterfull	Emelery	Ped LOCATION ICHY, 10 yn, or e	county Master "
	23. FUNERAL DIRECTOR'S SIGNATURE	Easter (1 -1 11	D BY REGISTRAR 245. REGISTAL	AR'S SIGNATURE

V5 A15 (4) 15M 9/55

MIASO ROSTANISTICATE OF DEATH MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea. Dist. No

Kent.

Day

IF UNDER 1 YEAR IF UNDER 24 HPS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗀

> > (State)

NO D

(State)

1958

Days

USA

Howell.

(County)

Months

. IS RESIDENCE ON A FARM?

YES NO XXX

Year

19

	MARYLAND STATE DEFARTME
	ADHITSED CERTIFICA
	- No. 10 Page 107 17 744/2
- 12 To 2 T	
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Management and the second of t	
	THE RESERVE THE PERSON NAMED IN
	the state of the s

FOR STATE HEALTH DEPT.

Health, Page TO DEPUTY MEDICALL EXAMINER: This certificant should be memted within 24 hours ofter death. If any delay is necessary, execute the certification writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral director 4 should be forward at the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your FOUNERAL DIRECTOR's Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book or or its designated agent, prior to burial, cremotian, ayremotel, and in any event within 72 hours after death. I

2 5 A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06116

			575	3 Itam	L ET 1mg2	0 6-11-58 c	t Or	DEMIN	Reg. Dist.	No.	עיזר
	LACE OF DEATH	- 1	/ /-			2. USUAL RESIDENCE	[Where decease	d lived. If institut	ion: Residence	before odn	nission)
6	. COUNTY	1 11	hat		MARYLAND	a. STATE	# 11 :	P COUNTA	70		_
b	CITY OF TOWN	III nutsute enmorate lin	TILL WE IN ELSA.	e IFNC	TH OF STAY IN 15	c. City Or TOWN	1449ND	rata Laute prita		-00 T	
	and give nearest tox					V	(· voile corpe	,—	WO WITE GITO GI	ve negren i	eil
		ASTON		*	2.0,4,		RAL -	EASTON	V		
-	, NAME OF HOSPI	TAL OR INSTITUT	TON (If not	in kospital, give	street address}	d. STREET ADDRES	5	4 .		10	RESIDETY F
	11/2	MORIA	1. H	SPITAL		1 _ 1/1/2	ES /SIVE	K NE	CH	YES [NO 🗆
3.	NAME OF PER	L.NAME -	tot/Et/	9m D	RABIESKD	1 PIPKYN	4 DATE	Month	· • · · · · · · · · · · · · · · · · · ·	Day	Yeor
	Type or print	1	Aum	a Not	-	tacilkno	DEATH	Mana	-	30.	19 58
5. 3	EX	6 COLOR OR	RACE 7 N	ARRIED TO NI	EVER MARRIED	B DATE OF BIRTH	15	P. AGE (In years	IF UNDER THE	7	DER 24 HRS
	M		1	OWED 🗍	DIVORCED	Al (1 1	0.1	Past burthday)	Months Day	ys Hours	M.n.
	11476	WHIT	4			1401, 7, 13	106	3 / yn	AD C17125	1 OF 11011	1
	USUAL OCCUPAT			105 KIND OF I	BUS NESS OR INDUS	TRY 11 BIRTHPCACE (St	ate or toteligh co	untry}	12 CHIZE	OF WHA	T COUNTRY?
	FARM	ING		HG	CICULTURE	MAK	PYLAN	0		1.5,	A
13.	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
	11 114	Mown.				KATIE	Ma	F 7	EFT		
15.	WAS DECEASED E	VER IN U. S. ARM		76. SOCIAL S	ECURITY NO. 17.	NFORMANT		Address			
{Y 01	no, or unknown)	(If yes, give wor or		220 .	16-7582	Mar lin	R D.		L	00-1	pn
=		1101		15	o rook /	THE THE CITY		PIN WI	7	1222	Williamo.
	18. CAUSE OF DE	ATH WAS CAUSED		The for any, (ii	Land (c) 1	5 heart -				ONSET AND D	FATH
	4.37	MMEDIATE CA	USE (0)	129	700/00	1				note d	
	× ×	D	UE TO		4						
	Conditions, if		(6)	1744	celure w.	tecon K				1.	•
	gave rise to imm		UE TO	" /	H AFF	Ell wit	201.				
	(a), stating the	undariying	(c)	te	estare a	5 14 WIN	1000				
z	PART II. O	THER SIGNIFICAN		NS CONTRIBUT	NG TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 18	o) 19. WAS	AUTOPSY
QL.										YES GET	DRMED?
ğ	00 477501111 61	11400 11140	001 00	Compr. Howell b	HUNN OFFILINGS			/		Ties A	NO 🗆
CEPTI	PRIMARY OF CO	ONTRIBUTING	206 DE	SCRIBE HOW IN	L. Actor	Enter noture of injury in		d as a	Edla.	452.	
	CAUSE OF DEATH			LE MA		/	Chr	off re	ad int	Jait	cr
ঠ	20c. TIME OF INJ		oy, Yeor		CCURRED 20e PL	CE OF USBURY (Home, f	orm, i 20f (City o	or lown)	(County	alle a com-	(State)
WEDICAL	Hour q, m		0 1958	While N of work □ of	of while work	fory, street, office bidg	Mile	s giver	Neck	Rd.T	illot
	21. I certify	that I taak cl	harae of	the remains	described ab	ove, held an Auto	psy []. In	spection .	Inquiry	П. o	nd in my
					. Accident	_		- Land			,
	opinion dean	resomed no	. 14010	rai causes i	, vccideui	L, Juicide L,	Hamicide	, Unidere	rmined ma	nner	
	ACTUAL	1. 1	67			Ciller Henrick				DATE	SIGNED
	SIGNATURE	1 Hellist	41 140	20001 1-	,	M.D. CHIEF MEDICAL	_			1	
	EXAMINER'S	- 11 -		41.3	0 !		DICAL EXAMINER	9	3/ 1	ling is	8
	NAME (Type)	HOR	5-0N	6.4/6	RISON	DEPUTY MEDIC	AL EXAMINER	<u> </u>			40-
220	BURIAL CREMATI		THEREOF	22c. NA	HE OF CEMETERY O	R CREMATORY	22d LOCATI	ION (City, town, o	r county)	(Sto	r ⁶ 0)
	DURINAL (Specif	6/2	1/58	5	PPINE	HILL (EME)		EBS	TON	mo	
23	FUNERAL DIRECTO	P S SIGNATURE		ADI	DRESS	24a. R	EC'D BY REGISTR	AR 24b. REGIS	TRAR'S SIGN	ATURE	_
	11.7.60	141-10		CAST	- Ind	DATE	JUN 3	58 000	1	-1	
L.	M. M.	UTUKK		MALLE	11,000	DATE	2011 0	- 1 100	-Media	1.14	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



il director, filed with may be retained by a spital ar attending physician.

• FUNERAL DIRECT

firer this certificate has been signed by the attending physician and campletely filled in by the fipage 3 shauld be a dar of ar use as the burial-transit permit. Then plea≡ remove carbon pa≡ers. Pages 1 an 2 shault he registrar priar to burial, crematian, ar removal, and in any event within 72 haug-after, death. 0

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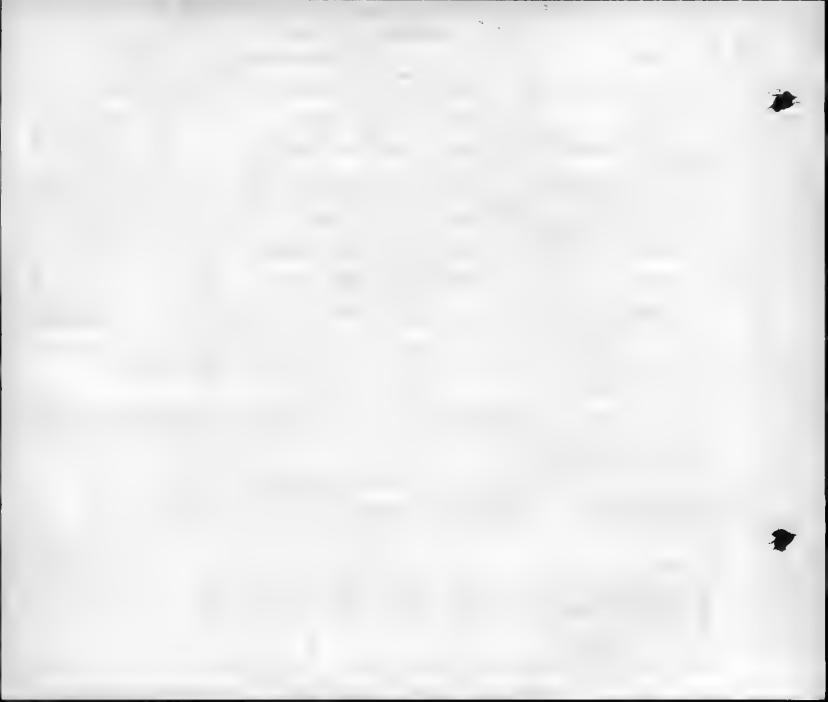
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6155

CERTIFICATE OF DEATH

Reg. Dist. No. 6148

O. COUNTY	2 USUAL RESIDENCE (Where deceased lived. It institution; Residence before admission) a. STATE
14/bot MARYLAND	a. STATE Maryland b. COUNTY Talbot
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
Easton Ihro Johin	Tilghman (Avalon Re)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
memorial trospital	VES NO
3. NAME OF First Middle	Clast , 4. DATE Month Doy Year
(Type or print) (/ O V & M CE Mere of the	Harrison DEATH 5 - 21 - 1958
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTY P. AGE (In years IF UNDER) YEAR IF UNDER 24 HRS
m Wh WIDOWED DIVORCED D	9/1/90 last pirthdoy) Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDI	16TRY 1 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Commercial Fig.	has maniand 4.5 B
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
James M. Harrison	Emily Whalen
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT / Address ,
(Yes, no or unknown) (If yes, give wor or doise of service) Ma Fasser	Min Killian Harrisul (Nele)
IB. CAUSE OF DEATH [Enter only one couse per like for (q) (b), deg, (c)]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
11-20.0 IMMEDIATE CAUSE (o) A	
Conditions if any which) . (Alexander	levelie beart stratage
gove rise to immediate OUS TO	
Coose (a), stating the phoen.	
, (3)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO DEA	PERFORMED? YES AT NO []
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Part 1 or Port II of Item LB.)
20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH UITE EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pt	LACE OF INJURY (Home, form, 20f (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the feature of the p. m. 19 of work of work of work of the p. m.	actory, street, office bldg., etc.)
21. I certify that taxendest the deceased from	19, to 19, that I last saw the deceased
alive and that death	ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL OVER SEINMENT	2/0 < 1/10 / 1/20 /2 1/20 /2/2 St 22 May 1
ACTUAL SIGNATURE	M.O. A. J. J. W. G. S. L.
PHYSICIAN'S L.C. M. Schmidt	Easton, Maryland
220 BURIAL, CREMATION. 226. DATE THEREOF 226. NAME OF CEMETERY C	
REMOVAL (Specify) May 24, 1958 Tilahan Me	hodist Tilghman, aryland
23 NUNERAL DIRECTOR'S SIGNATURE ADDRESS (240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
(dela more Tilghmen	DATE MAY 2 p 58 (PPROQUED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by TO FUNERAL DIRECT VS A15 (4) 15M 9/55



VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6156 CERTIFICATE OF DEATH

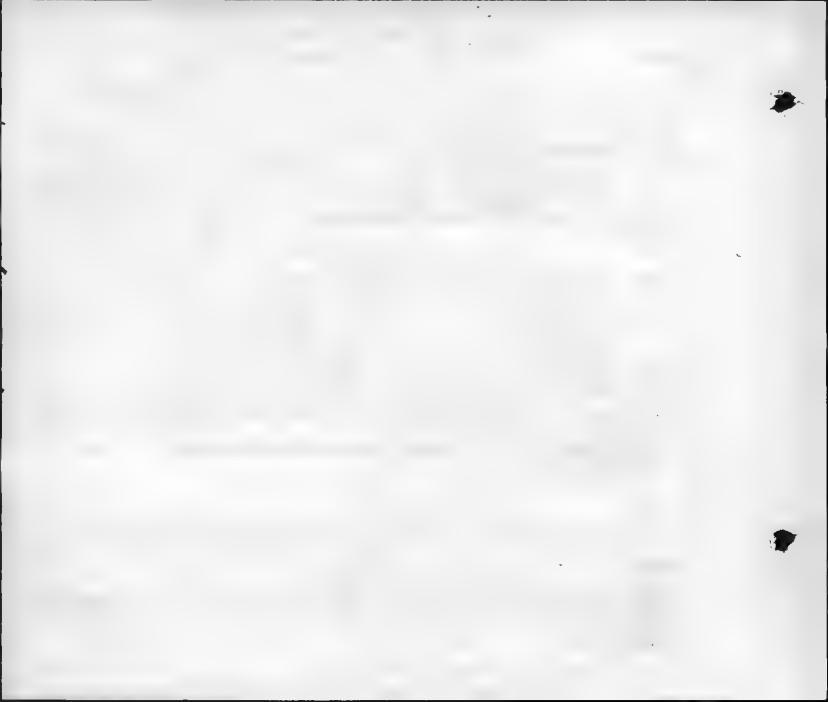
Reg. Dist. No. (16149)

1.	PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WE		ed. If institutions R b. COUNTY	esidence before	e odminion)
	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II		limits, write RURAL	. and give near	rest town)
	RURAL and give nearest town) EQSTON.	17dous.	X Box	man.			
	d. NAME OF HOSPITAL (If not in hospital, give street		d STREET ADDRESS	777-1 77			IS RESIDENCE
	OR INSTITUTION MEMORIAL 1	tospital					YES NO
3.	NAME OF First DECEASED	Middle	Losi	4. DATE	Month	Day	Year
	(Type or print) Manch	a /	tarrison	OF DEATH	170430		19 58
5.	SEX 6. COLOR OR RACE 7. MAI	RIED NEVER MARRIED	B. DATÉ OF BIRTH	9. 4			IF UNDER 24 HRS
L	7 W WIDOW	PED DIVORCED	Marah 31,1	291	67 yrs.	nths Days	Haurs Min,
100	 USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) 	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign count	y) 1	2. CITIZEN O	WHAT COUNTRY
	Housewife		Mary	land		U.S.	A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
	Thomas R. Hu	x+	Flizabe	th =	For all Fo	22	
	WAS DECEASED EVER IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO 17. I	NFORMANT		Address	187	
{Y	s, no or unknown) (If yes, gate war or dates of service)	nknown Th	e Della-Ha	ruson	(daught	In / hot	zman, ma
	18. CAUSE OF DEATH (Enter only one couse per	ine for (a), (b) and (c)]	1 1 1		_	INTE	RVAL BETWEEN ET AND DEATH
	PART I. DEATH WAS CAUSED BY:	elded relie	it vaite	1. Jul		2	/S C - ~
1	400, DUE TO	1++	1.				97
П	Conditions, if ony, which) the it	till & reter	orthe Chy	rin t to	raller.	Y /	-
	gove rise to immediate DUE TO				1		
	lying couse lost.				(
Z	PATY H OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE ÇO	NOTION GIVEN I	N PART 1(a) 15	. WAS AUTOPSY
CATI	obexity, Hen	ertingin	-> C+ 11-22	6.011.	~ 2.C+2 1	a. 7.	PERFORMED? YES NO S
CERTIF	200. ACCIDENT WAS UNDERLYING (1) 206. DE OR CONTRIBUTING (1) CAUSE OF DEATH (1) (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II c	of item 18)		
1	20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e PL	ACE OF INJURY IHome, form	20f. (City or 1	own)	(County)	(State)
MEDICAL	Hour o.m. 19 While	f	ctory, street, office bldg., etc	4		(/)	,,
~		A	6 150 1	· 27	. ^ (4)		
	21. I certify that I attended the decea	1 1	-	0 3 6			w the deceased
	alive an	and that death	occurred at 1:45!				
	ACTUAL CONTRACTOR CONTRACTOR	/ . / .	1-1000	ADDRESS (Street,	city or town, state	2.	DATE SIGNED
	SIGNATURE	C >	M.D. 11114	66161	- C - C - X	14 45	Z
	PHYSICIAN'S LELY 137 1	Certich			6.2.	- 6	3
22	BURIAL CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or co	unty)	(State)
	BURING 6/2/58	BOZMAN	EMETERY	Ba	mne	w	חמאגעי
23.	EUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAI		
1	James - 10. Marcha	01 St. m.	1 0	HTN 3 158	10./	· Alle	
1-4	A LANGUAGE A LICE OF A LICE	1 00 1/00		HIN III		- KARAN M	



Reg. Dist. N. 615() CERTIFICATE OF DEATH director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY b. COUNTY-8 MARYLAND 0 00 -RUIa b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) ofter e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, giveestreet address) d STREET ADDRESS OR INSTITUTION ON A FARM YES NO D morin NAME OF First Middle 4. DATE Month Day DECEASED OF DEATH within 24 (Type or print) IF UNDER I YEAR IF UNDER 74 HRS 5. SEX COLOR OR RACE 17. MARRIED T NEVER MARRIED W .8. DATE OF SINTH 9. AGE (In years lost_b (Yobgan Months Days DIVORCED WIDOWED IT comple popers. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Overing most of working life, even if retired) Jarylan puo pou 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician 09 15. WAS DÉCEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address no attending CAUSE OF DEATH [Enter only one couse per like for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) that the **DUE TO** ò Conditions, if any, which Ë any signed gove rise to immediate PUE TO couse (o), stoling the underlying couse lost. PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? **burial-1** NO 🗌 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stole) (County) foctory, street, office bldg., etc.) Hour a.m. While Not while of work all work _____, 19___,that I last saw the deceased eceased fram. , ta_ and that death accurred _M, from the couses and an the date stated above. DAJE SIGNEB DIRECT ACTUAL prior should HOSPITAL PHYSICIAN'S NAME (Type FUNER! (7) DATE THEREOF 220 BURIAL, CREMAT ON, 22b OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) O FUNERAL DIRECTOR'S STONATURE 240 REC'D BY REGISTRAR **ADDRESS** 24b. REGISTRAR'S SIGNATURE VS A15 [4] 9 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6158 CERTIFICATE OF DEATH

Reg. Dist. Q.6153

	PLACE OF DEATH O. COUNTY A / bot	MARYLAND	2. USUAL RESIDENCE (W		If institutions Resident	Rchester
	b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	butside corporate lim	nils, write RURAL and g	ive negrest fown)
	d. NAME OF HOSPITAL (IS not in hospital, give street OR INSTITUTION	HOS BITAL	d STREET ADDRESS	nl		e. IS RESIDENCE ON A FARM? YES NOVE
	NAME OF DECEASED (Type or print)	Wesley	LAte	4. DATE OF DEATH	Month MA-4	Day Year 7 19 5 8
5.	SEX 6 COLOR OR RACE 7. MARR	ED NEVER MARRIED	7-15-186	8 P. AGI	C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 YEAR IF UNDER 24 HRS Doys Hours Min.
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIGN	e or foreign country)	d 12. CIT	US A
13	FATHER'S NAME Thomps	ON	14 MOTHER'S MAIDEN	NAME LY	He.	
	WAS DECEASED EVER IN U. S. ARMED FORCES? In no or unknown) (If yes, give wer or dotes of serffice)	SOCIAL SECURITY NO. 17. 1	Mays Co	Maira	Addrest day	eglita)
Γ	18. CAUSE OF DEATH [Enler only one couse per lu PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	refor (o). (b). and (c)]	edfine	_ (1	INTERVAL BETWEEN ONSET AND DEATH
	4342 DUE TO Conditions, if any, which) 85	beent y	Pailure			
	gove rise to immediate couse (a), stating the under- lying couse last. (c)					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING, TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN IN PART	PERFORMED?
	200 ACCIDENT WAS UNDERLYING 20b. DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of i	tem 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 of wor	Not while fo	ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f (City or tow	(C	County) (State)
	21. I certify that I attended the deceas	ed from	occurred at 92	0 .		dast saw the deceased
	ACTUAL SIGNATURE SUPER	niel	M.D. 219 8.	ADDRESS (Street, ci	ty or town, slote)	× 79Kg 32
	PHYSICIAN'S E. C. H.	Migh	Easy	for Pl	Mary	land
224	Burial (Specify) Burial May 10, 1958	Washington		Furlock	City, town, or county)	(Stote)
23	FUNERAL DIRECTOR'S SIGNATURE of Frampton & Son, I	ADDRESS Aderal Lburg,	hd. DATE	MAY 1 3 58	24b. REGISTRAR'S SIG	NATURE CALL



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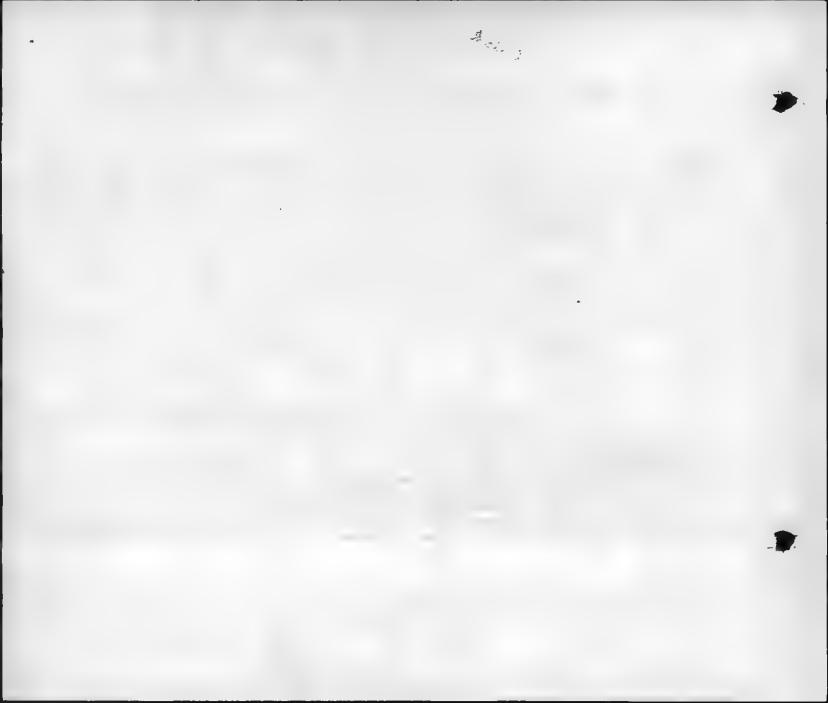
			-BALTIMORE,	

;1	59	CERTIFICATE	OF	DEATH
-	U W			

N

Reg. Dist. No. ()6154

PLACE OF DEATH O COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased fixed If institutions Residence before admission) a STATE———————————————————————————————————
b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16	Mary Land. Tolket.
RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Lasture OF HOSPITAL Marie Land	545 So Churchen St. Faste Min
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Memorzial Huspilal	YES NO 🖟
3. NAME OF DECEASED (Type or print) Planne by Trans.	Lost 4. DATE Month Day Year OF DEATH Man 28 1958
5 SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS
Féruate lahite WIDOWED DIVORCED	Que 4, 1905 3-2, 415.
100) USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most of working life, even if relired)	USTRY 17. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
It W.	mel. U.Sec.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Loseph & Better	Etizabeth Panelhelow
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT / Address
V NO NO KARAGUA J.	Il would Lowermans Husband Kontin mole
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c))]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (RICHARD)	ldlinge
4' DUE TO O	2 1
Conditions, if ony, which) (b) / Conditions	belline
gove rise to immediate couse (a), stoling the under	Dist.
lying couse last. (c)	rec Leave- y
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE, CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	YES NO [
206. ACCIDENT WAS UNDERLYING 1 206 DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Parl 1 ar Part II of item 1B.)
3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. P	PLACE OF INJURY IHome, form, 20f (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While NaI while of work of work of work	actory, street, office bldg., etc.)
21. I certify Har I attended the deceased from	, 19, to
	h occurred at Linkth, from the causes and an the date stated above
A - A / A / A / A / A / A / A / A / A /	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE CLAFFERMICK	MD. 219 S. M34/11-4/07 ST. 28Nox
PHYSICIAN'S E. C. H. Schmich	Easter 16, Maryland
BURIAL CREMATION, 226 DATE THEREOF 22 NAME OF CEMETERY CONTROL (Specify) 5 130 58 22 NAME OF CEMETERY CONTROL (Specify)	OR CREMATORY 72d LOCATION (City, lown, or county) (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTRAR 26 REGISTRAR'S SIGNATURE
W. Franston Canoll EASTON	MA DATE VUN 2 38
-45/6%	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

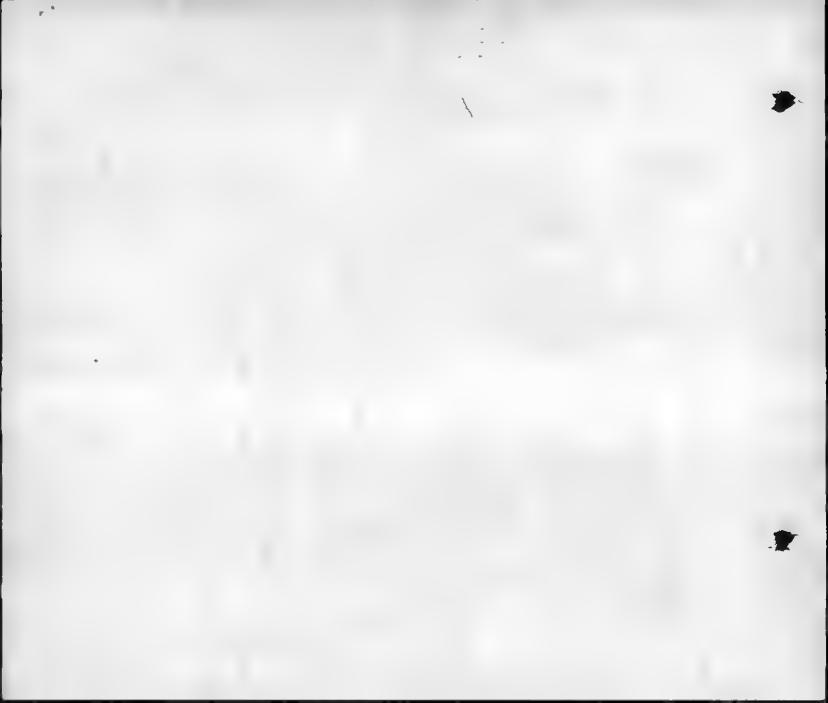
C1 CO CEDTIFICATE OF DEATH

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	0104	CERTIFICA	TIE OI DEAII	•	Reg. Dist. 1	No.
	COUNTY TALBOT	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	here deceased lived. If in b. COI		efore admission)
	RURAL and give nearest town) EASTON	GTH OF STAY IN 16	c. CITY O'R TOWN (IF C	outside corporate limits, w	rile RURAL and give	nearest fown}
	d. NAME OF HOSPITAL (Isnot in hospital, give street address) OR INSTITUTION EASTON Meacreal	Hosp	d. STREET ADDRESS	- L		ON A FARM? YES KI NO
3.	NAME OF First	Middle	Lost	4. DATE OF	Month	Doy Year
5.	(Type or print) (Cy U U	TT.	B. DATE OF BIRTH	DEATH 9. AGE (In) Jost birtho	rades IF UNDER I YE	7 19 7 8 AR IF UNDER 24 HRS.
	Male White WIDOWED	DIVORCED 🔲	June 23 18	76 61	yes	
100	. USUAL OCCUPATION (Give kind of work done 10b. KIND Olduring most of working life, even if retired)	ettee	STRY 11 BIRTHPLACE ISTON	And Henry	17. CITIZEN	OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN P	FIth pic	tun	No. of the state o
	no or unknown) (If yes, give wor or dates of service)		NFORMANT		Address	
-	YES WWI WWKN		An Ullia	11 7 . 1		w
	18. CAUSE OF DEATH [Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY:), (b), and (c).}	1 /2 1	· with		NTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	11201115	07-1017	2, 190		
	DUE TO		' //			
	Conditions, if any, which) (b)					_
	gave rise to immediate DUE TO					
L	lying couse last. (c)					
CERTIFICATION	PART III. OTHER SIGNIFICANT CONDITIONS <u>CONTRIB</u>	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	N GIVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	D (Enter noture of injury in	Port I or Part II of item 11	i.)	
MEDICAL		OCCURRED 20e. PL	ACE OF INJURY (Home, form ctory, street, office bldg, etc	.) 20f. (City or town)	(Coun	nty) (State)
	21. I certify that attended the deceased from	w	, 19, to	, 19	,that I last	saw the deceased
	olive an	, and that death	accurred at	4.M. from the cous ADDRESS (Street, city or I		date stated above
	ACTUAL SIGNATURE SIGNATURE	1	MD. 2195-	Washing	1017 57	- 29Mgys
	PHYSICIAN'S E.C.H. SCHM	right	Ezzi	ton 16,1	Mary)	3176/
22	PEMOVAL (Specify)	IAME OF CEMETERY C		22d. LOCATION (City, to		(State)
-	BURIAL MAY 31, 1958 10		EMETERY	MANTED	/	CAROLINA
23.	1) Co- o	DDRESS PALSBUR (REGISTRAR'S SIGNA	PURE
	J. PRAMPTOM +SON, FEDER	アイランひはだし	P. M.D. DATEJU	N S S	Un enuel	1

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the factory page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 VS A15 (4) 1SM 9/SS



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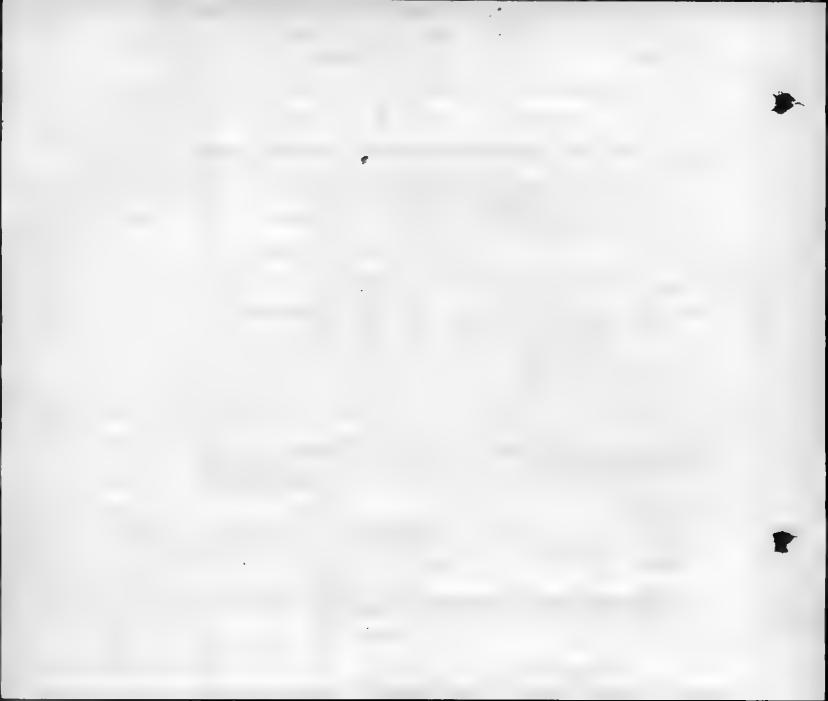
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



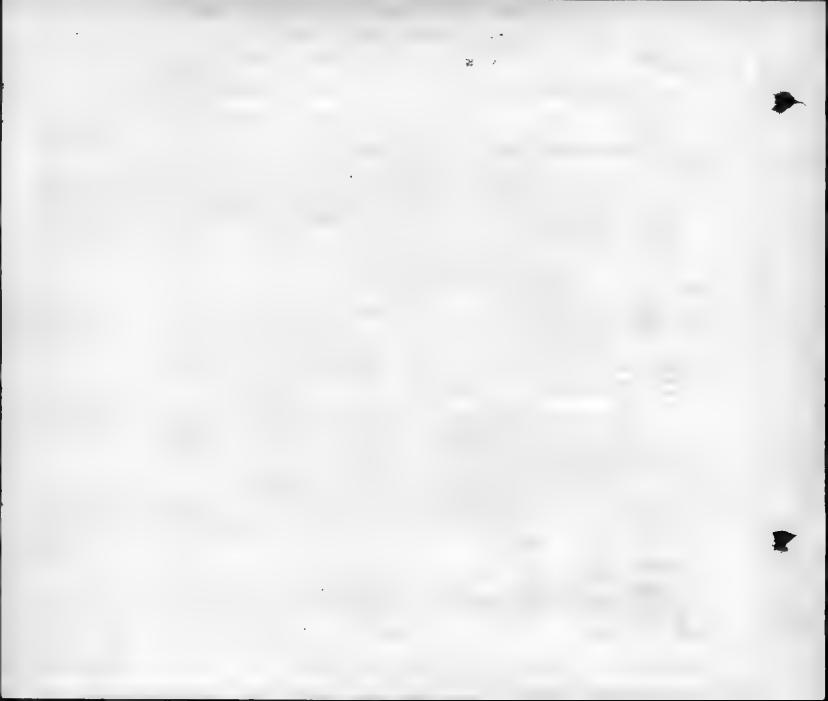
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HOSPITAL

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
* **	6163 CERTIFICATE OF DEATH Rog. Dist. No. (16157)
director	1. PLACE OF DEATH O COUNTY 101/001 MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) O. STATE MOST (MARYLAND) D. COUNTY 191/001
A CO	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown)
by the f.	d. NAME OF HOSPITAL (If not in hospital give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
in 24 hou filled in ges 1 am	3. NAME OF DECEASED (Type or print) Ninddle Dougle Conglid Co
## #B	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTA 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS last birthday Months Days Hours Min.
od comple in papers.	10a. USUAC OCCUPATION (Give kind of work done done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY?
offer offer	13. FATHER'S NAME POUR DIADETERS MAIDEN JAME SUIVING SMITH
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT / Middigal Addings. (If you give wor or dotes of service) 16. SOCIAL SECURITY NO 17 INFORMANT / Middigal Addings.
attending attending in please r	18. CAUSE OF DEATH (Enter only one cause per fine for (a). (b) and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ONSET AND DEATH 12 12 12 13 14 15 16 17 17 18 18 18 18 18 18 18 18
that the by the lit. The ny even	Conditions, if any, which) (b)
an. signed ii perm nd in o	gave rise to immediate couse (a), stating the under-
physicio physicio ios been ios-fron noval, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES DO. ACCIDENT WAS UNDERLYING DORCONTRIBUTING DORCONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH
iAN: Ti rending ficate h the bur or ren	
PHYSIC al ar off this certification emation	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. 19 While Not while of work at work at work at work at work at work at work.
NDING Seed of the seed of the	21. I certify that I attended the deceased from 195%, to 195%, that I last saw the deceased alive an 195%, and that death accurred at 30,77%, from the causes and on the date stated above.
See	ACTUAL SIGNATURE MD. 12 n. Harre Litsion All 5/29/3
HOSPITAL OR A Noy be retained by FUNERAL DIRECT Oge 3 should be registror prior to receive the second of the secon	PHYSICIAN'S LEGISLACY -
o HOSP may be o Funel page 3 the regit	220. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, LOGATION (City, Jown, or county) (Style) THE MOVAL (Specify) THE MOVAL (Specify)
VS A15 (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REC'D BY REGISTRAR 240. PECULA DATE JUN 2 '58



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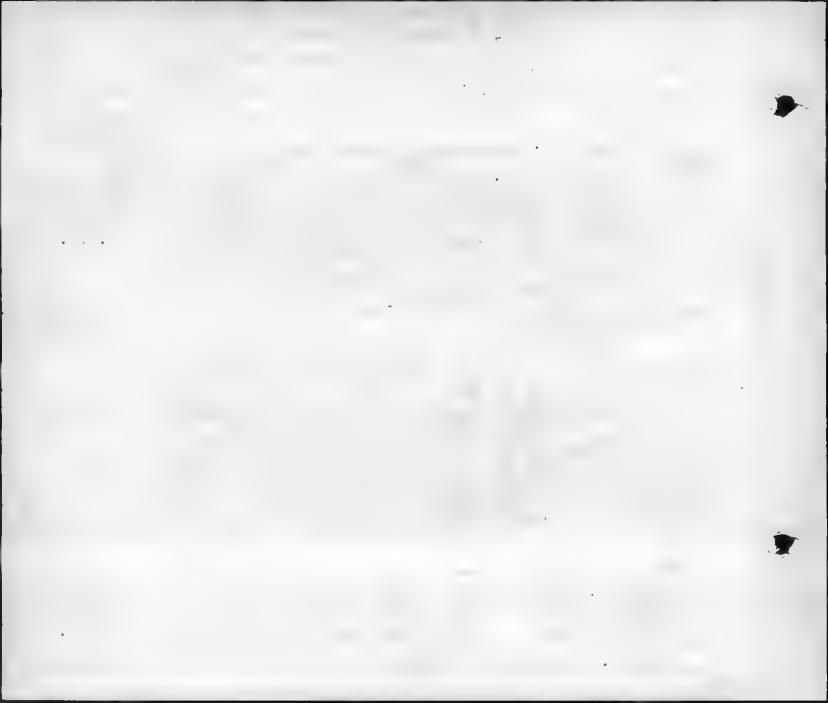
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6175 CERTIFICATE OF DEATH

Rea. Dist. No.

06159

-													
	PLACE OF DEATH o. COUNTY	Talbot		MARYLAND	2. USUAL RESI	oence (wh	nere deceased	lived. If institution b. COUNTY	oni Residence I		ilssion)		
	b. CITY OR TOWN RURAL and give	(If autside corporate limi	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
	Oxford	nedresi iownj		Life	X Oxfo	rd							
		ITAL (If not in hospital, c	give street	o ddress)	d. STREET	ADDRESS				e. IS R	ESIDENCE A FARM?		
L		arket St.									□ NOI		
3.	NAME OF DECEASED	Fi	rşi	Middle	Lo	st .	4. DATE OF	Mon		Doy	Yeor		
	(Type or print)	Sarah	A.	. Quee	n		DEATH	5	V		1958		
5.	SEX	6. COLOR OR RACE	7 MARE	RIED NEVER MARRIED	8 DATE OF BIRT	Н	9	AGE (In years lost birthdoy)	Months Do	-			
The Person named in	emale	Col	WIDOW		10/10	7111		and the second second		775	3 //////		
100	during most of wo	ON (Give kind of work rking life, even if relired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11 BIRTHP	LACE (State	or foreign cou	intry)			AT COUNTRY		
L	Housew	• 7	<u> </u>	Domestic	Ma	rylar	nd			U.S.	A		
13.	FATHER'S NAME				14. MOTHER'S								
	Gilbert	Adams			T:	illie	e Cox						
15.	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFORMANT			Add	ress				
L	XX	XXX		212-07-3711-	B, Isa	ac (Queen.	.)					
	IB. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (a), (b), and (c).]		-17	1			INTERVAL	BETWEEN		
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (0) Cerebral Maconlossio Recute												
	DUE TO 2 2												
	Conditions, if ony, which) (b) Ceretral arterios cherale Disease 3-4 mon												
	gave rise to immediate couse (o), stating the under-												
	lying couse (o). I leneralized arleriors clerons												
l o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?												
CATIO	YES NO												
CERTIFI													
3		IRY Mooth, Doy, Ye	or 20d I	NJURY OCCUPRED 20 P	LACE OF INJURY	Home, form	20f (City e	or town)	(Cou	nix)	- (Stote)		
MEDICAL	Hour a.m. 19 While Not while foctory, street, office bldg., etc.)												
	21. I certify that I attended the deceased from 10-28, 1958, to 5/28, 1958 that I last saw the deceased												
П	alive on	5/26	. 19	Sand that deat	h occurred at	7 6	1 M Ach	The causes o					
	dive on				ii occorred di		ADDRESS (Str			date sic	DATE SIGNE		
	ACTUAL SIGNATURE	7 //	7	lader	un /2	N	. 111	ANSON	/ 5	7.			
Н	100	7:/-	11.	~ / - /				,	111		7		
L	PHYSICIAN'S NAME (Type)	L./ J. C	11	g L S E d ER		EA	5/00	/ , /	MAR	461	tn d		
22	PEMOVAL (Specif	ON, 226. DATE THEREC)F	22c. NAME OF CEMETERY O	OR CREMATORY		22d LOCATI	ON (City, town, i	or county)	(SI	lote)		
_	Burial	5/31/5	8	Johnwestly	<u> Cem</u>			ford			d.		
23	FUNERAL DIRECTO			ADDRESS			D BY REGISTR	1 1	STRAR'S SIGN				
_	James	B.Dashiel		Easton, Md		DATE J	UN 5	58 Li	medu	en			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. | Bage | VS A15 (4) 15M 9/SS



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

TO BOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

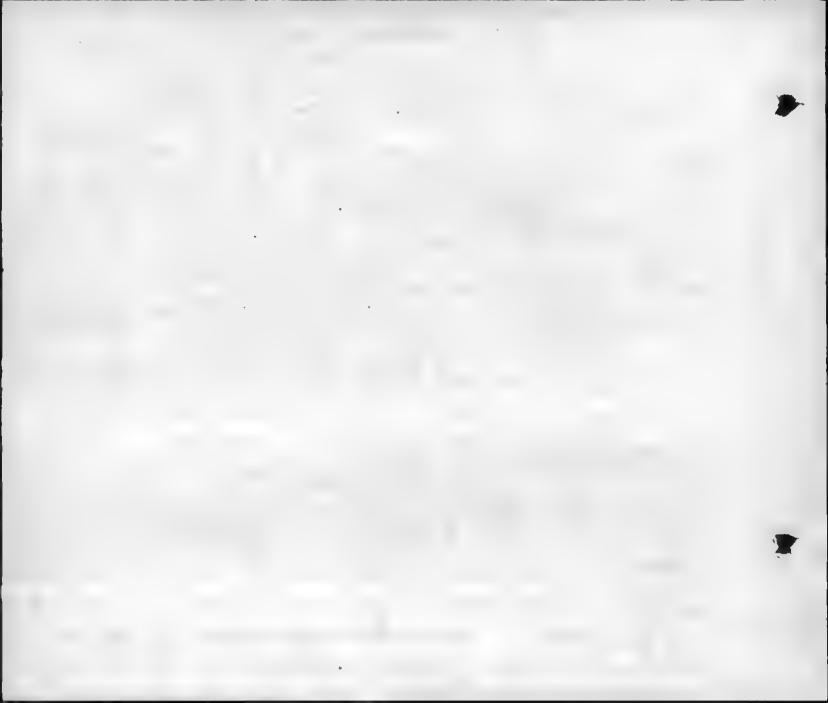
TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the it all director. page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, god-ia, any event within 72 hours after death.

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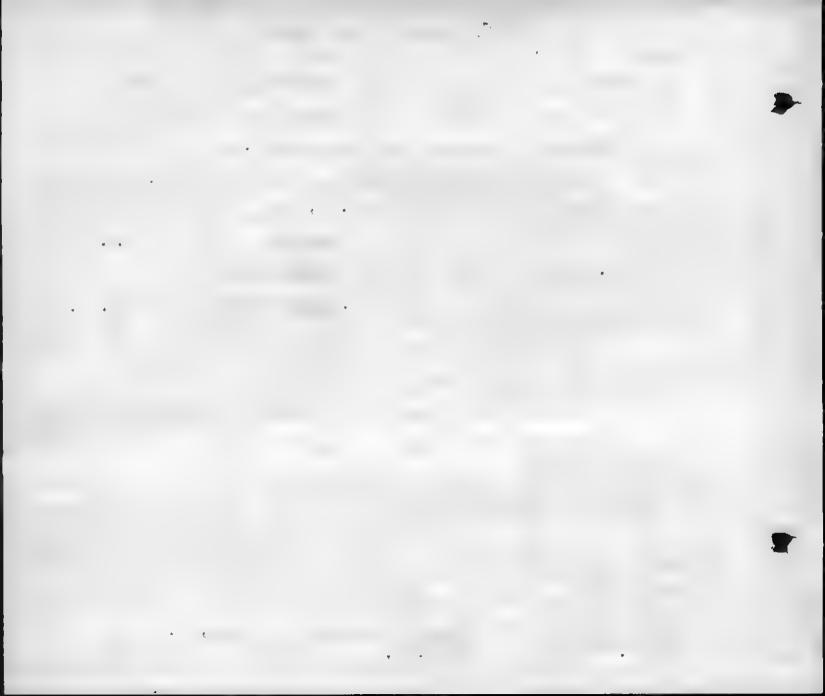
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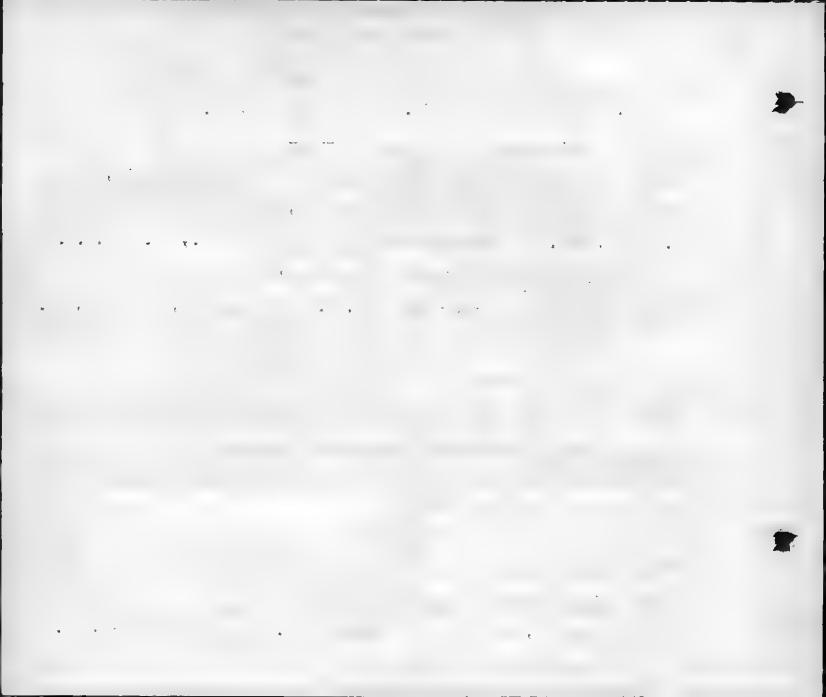
		. 6	176	CERTIF	CAT	E OF DE	ATH			Reg. Dist	. No. ()	6160	
1. PLACE OF DEATH o. COUNTY Talbot 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before o. STATE Maryland b. COUNTYTalbot									before oc	dmission)			
b. CI	D. CITY OR TOWN (If outside corporate limits, write RURAL and gree negrest town)				16	_			orole limils, write l	RURAL ond gi	ve nearest	lown)	
	rural-Easton			20 yrs		rural.		ston					
Timberlane Farm Timberlane Farm										RESIDENCE ON A FARM?			
3. NAM DECE (Type	ASED or print)	Willia	rst AM	Middle Nolan		Rambo		4. DATE OF DEATH	May	nth	Day 4	Yeor 19 58	
5. SEX			7. MARR	IED NEVER MARRIED	8. D	ATE OF BIRTH			9. AGE (In years			JNDER 24 HRS	
M	ale	white	WIDOWE	DIVORCED [lov. 3,	18	89	68 yrs.	Months (Poys Ho	ours Min.	
dur	UAL OCCUPATION MANAPLE	rking life, even if retired	done 10b. }	KIND OF BUSINESS OR I	NDUSTRY		ryl	_	country)		EN OF W	HAT COUNTRY?	
	IER'S NAME				1	14. MOTHER'S MAIDEN NAME							
		od Rambo			Josephine Mi					iddleton			
[Yes, no	or unknown)	ER IN U. S. ARMED FOR			17, INFO		_			lress			
	10	none			Mra.	Marie	Ra	moo,	Easton	, RD,		yland	
18.	PART I, DEATH WAS CAUSED BY.							INTERVAL BETWEEN					
	IMMEDIATE CAUSE (6) 4 CHECK TO CECET								Su	alen-			
go	Conditions, if ony, which gove rise to immediate cause (o), stating the under-									3-44/lan			
	PART II. O		IDITIONS C	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE	TERMIN	VAL DISEA	SE CONDITION GIV	VEN IN PART	PE	VAS AUTOPSY ERFORMED?	
I ≅ I OR	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
WEDICAL	TIME OF INJU Hour o m. p. m.	RY Month, Day, Ye	20d. It White at war	Not while		OF INJURY (Home, street, office bld			y or town)	(Co	ounty)	(State)	
ali	21. I certify that I attended the deceased from 5-7-34, 19, to May 4, 19-18, that I lost saw the deceased alive on 4-24, 19-18, and that death occurred at 8-8-8, from the causes and an the date stated above. ADDRESS (Street, city or lawn, stole) ACTUAL SIGNATURE William & William M.D. 2/0 & Daver Eastern M.D. 5/1/15												
NA	rsician's ME (Type)	LILLIAM	Lil	Visitles					er ter er elle yer er des er deskelle fler	******	all the sale on the spin on		
220. BUI	RIAL, CREMATI-	ON, 226. DATE THERE	OF .	22c. NAME OF CEMETE	RY OR CI	EMATORY		22d. LOC/	TION (City, lown,	or county)		(State)	
E	Burial	5/7/58		Woodlawn	Memo	rial P	ark	Ea	ston, R		ryla	nd	
23. FUN	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE												
W	Than	flow (news	u	East	on,	Md. DA	TELY	6 15	النال 8	educe	/h		



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
E M	6164 CERTIFICATE OF DEATH Reg. Dist. No. (1616)
ol director.	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O STATE MARYLAND MARYLAND MARYLAND Talbet
d be fil	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
by the d 2 should	Easton d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR HISTITUTION 411 North St 411 North St
. <u>e</u>	3. NAME OF FIRM Middle Lott 4. DATE Month Day Year
7 –	OF DEATH MAY 24. 19 50
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS
2	Female White WIDOWED DIVORCED Oct. 21, 1917 lost birthdoy) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) Waryland U.S.
18 6	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
9 2	Charles F. Perry Enna Patrick
hours aft	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [1] yes, gave war or dates of service)
E	Mr. Lawrence Satchell Easton, Md.
please re within 72	18. CAUSE OF DEATH [Enter only one course per line for (c), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH
Then F	IMMEDIATE CAUSE (6) METUSIATIC CUSCINOMA OT CENTX 7 1201.
> 0	///X DUE TO
9 E 6	Conditions, if ony, which by the conditions of t
= _	lying couse lost.
burial-transit remayal, and	
remava	PERFORMED?, YES NO 🔀
the bur	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?, YES NO ACCIDENT WAS UNDERLYING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)
ematian	20c. TIME OF INJURY Month, Day, Year Not
d for I, cre	21. I certify that I attended the deceased from NOV 1957, to 10HY 24 , 1958 that I last saw the deceased
burial,	alive on MHY 24 19.55, and that death occurred at 6.30 A M, from the causes and on the date stated above
0 0	ACTUAL ADDRESS (Street, city or town, slote) DATE SIGNED
	SIGNATURE - TO PROLET 411 MOVILLY M.D. 11 M. FIFTWON SI. 3.1938
shou	PHYSICIAN'S DONALD F. EARTLEY M.D. FASTER MD
	22c. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 22d. LOCATION (City, town, or county)
the re-	
5 (4)	23. FUNERAL DIRECTOR'S SIGNATURE MAUTICE E. Newham & Son Easton, md. 240. REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE ADDRESS Easton, md.
7/55	DATE JUN 2 58 U.O. C.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 06162**CERTIFICATE OF DEATH** Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution, Residence before admission) a. COUNTY **b.** COUNTY Talbot Telbot MARYLAND Marvland b. CITY OR TOWN (If autside carporale limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 St. Michaels min-McDaniel. Md. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION > 0 YES NO 2 声音处约的 4. DATE NAME OF First Middle Lost Month Day Yeor DECEASED BENJAMIN FRANKLIN 1958 SHERMAN DEATH (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX complemy lost birthdoy) 65 yrs Months Days 27,1892 Male White DIVORCED | August WIDOWED [yrs. papers. 100 USDAL OCCUPATION (Give kind of work dane 106. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Dorchester Co. 2 Md. U.S.A. Transportation pub carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 칅 physician Ida Grambrell George Franklin Sherman ψ haur JO L 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frank Sherman, McDaniel. Md. Wrs. 214-05-1030 B. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN attend ONSET AND DEATH ₻ PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO à Conditions, if ony, which 7 18 Ē B gave rise to immediate **DUE TO** cosse (o), stoting the under-6 7 lying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161 19. WAS AUTOPSY PERFORMED? YES NO 🗆 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 11 of item 18.) SAL 20c. TIME OF INJURY Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, (County) (Stole) factory, street, office bldg., etc.) MEDI Haur a. m. While Not while of work of work - 101-21. I certify that I oftended the deceased from 195 d. That I last sow the deceased M, from the couses and on the date stated above. ofive on_5 and that death occurred at ADDRESS (Street, city or town, state) DATE SIGNED DIRECTO ACTUAL pe prior SIGNATURE Q FUNERAL D PHYSICIAN'S HOSPITAL NAME (Type) 220. BUR.AL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) New Market. East East New Market Cem 6 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE **VS A1S (4)** DATE MAY 2 9 1SM 9/SS



VS A15 (4) 15M 9/SS MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6165 CERTIFICATE OF DEA	TH
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Rog. Dist.	No.	{}	U	1	6	₹.

	PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased		igsidence before	e odmission)
	1ALBUI	AARYLAND	o. STATE Man	pland	- b COUNTY (proles	ve.
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 16	CITY OF TOWN (IV	bulside carpo	rote limits, write RURA	L and give near	rest fown)
L.	[in .	Vente	31.	05)	X-2	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	1	d. STREET ADDRESS	4			N IS RESIDENCE
L.	EASION Menorial A	esp.	1 m	L			YES NO/
3.	NAME OF First M	iddle	ost,)	4. DATE OF	Month	Day	Year A
	(Type or print) CUCRER (~	- anith	DEATH	5	24	19 58
5.	6. COLOR OR RADE 7. MARRIED NEVER M	ARRIED A	B. DATE OF BIRTH		A STATE OF THE STA	INDER 1 YEAR	IF UNDER 24 HRS
	Male White WIDOWED DIVE	ORCED [Dept 2 19	0	56 m	onins Doys	Hours Min.
100	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINI during mght of working life, even if retired)	SS OR INDU	STRY 11. BIRTHIFLACE (Stote	or foreign co	ountry)	12. CITIZEN OF	WHAT COUNTRY?
_	Carpener.		Mary	land		4.0	H
13.	FATHER'S NAME		14 MOTHER'S MAIDEN	NAME		1.0	
	Clarence M D. mith		Melven	100	J. W	Mey	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURIT	7 NO. 17. I	NFORMANT	2 4	Address	- 1/1 -	
-	aranno mys		15. Willie D	elle (ruser si	see	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and	(0)	17/	1	/		RVAL BETWEEN ET AND DEATH
	PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (a)	रवा थ	417700	707			
П	DUE TO	200	and he				
L	Canditions, if any, which (b) (b)	osh	0001051	10/7			
	couse (a), stating the under-						
z	lying cause lost. (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	AINIAI DICEACI	CONDITION GIVEN	NI BADT I(a) 10	V29OFILA 2AW
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING II	D DEATH BUT	NOT RECATED TO THE TERM	UMAY NISEVS	COMBINON GIVEN	IN PART ((0)	PERFORMED? YES DO NO 1
CERTIFICATION	200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJU	RY OCCURRE	D (Enter nature of injury in	Part I or Part	It of item 18.)		ISAI NO LI
189	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				,		
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED	20e. PL	ACE OF INJURY (Home, for	m, 20f (City	or lown)	(County)	(State)
MEDICAL	Hour o. m. While Nat white of work □ at wark □	n fo	ctory, street, affice bldg , et	(c.)		, , , , , ,	,
2		<u> </u>	10 4-	1	20 11	-1.1.1.1.	41 1 1
	21. I confry that I attended the deceased from		, 19, to	5			w the deceased
	alive of	inai deain	occurred at	F3.	n the causes and reet, cithor lawn, state		e starea above. DATÉ SIGNED
	ACTUAL COSEMBLES		2195	W251	crot and	57	24May
	SIGNATURE + A	N	M.D)	10 11	7.	Action and the
Н	NAME (Type) E-C-TT SCHMOL		E25T	07/	(e, /4)	4/31	q
220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF	CEMETERY O	R CREMATORY	22d. LOCAT	TON (City, town, or co	unty)	(State)
	REMOVAL (Specify) Burial 5-26-58 Cambr	idge C	emetery		- marine	rvland	
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	-	W	D BY REGIST	1277	R'S SIGNATUR	E
46	campte Converd Service Ca	mbric	19 - 14 DATE M	AY 28 '	58 Cient	esuch	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

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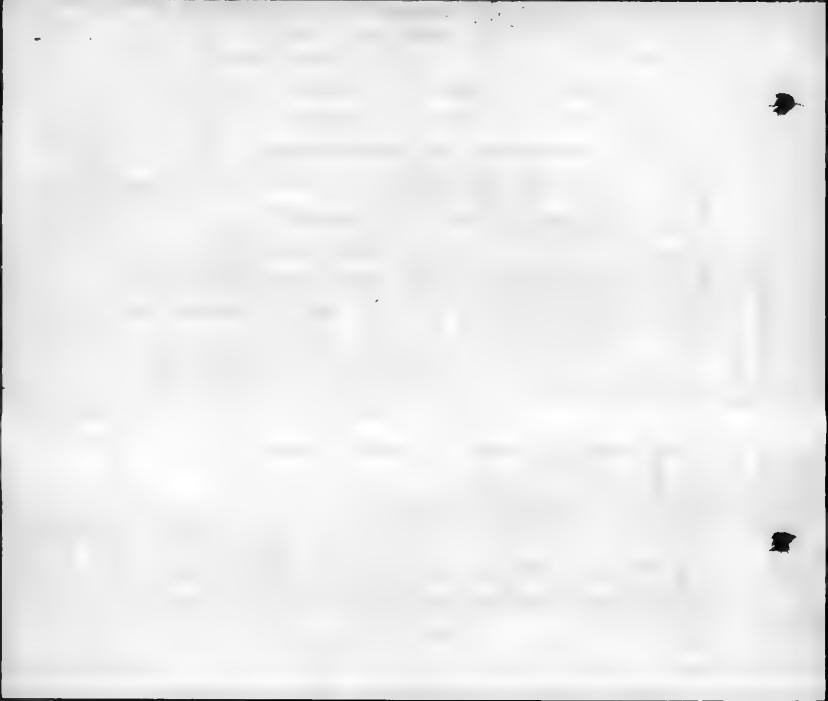
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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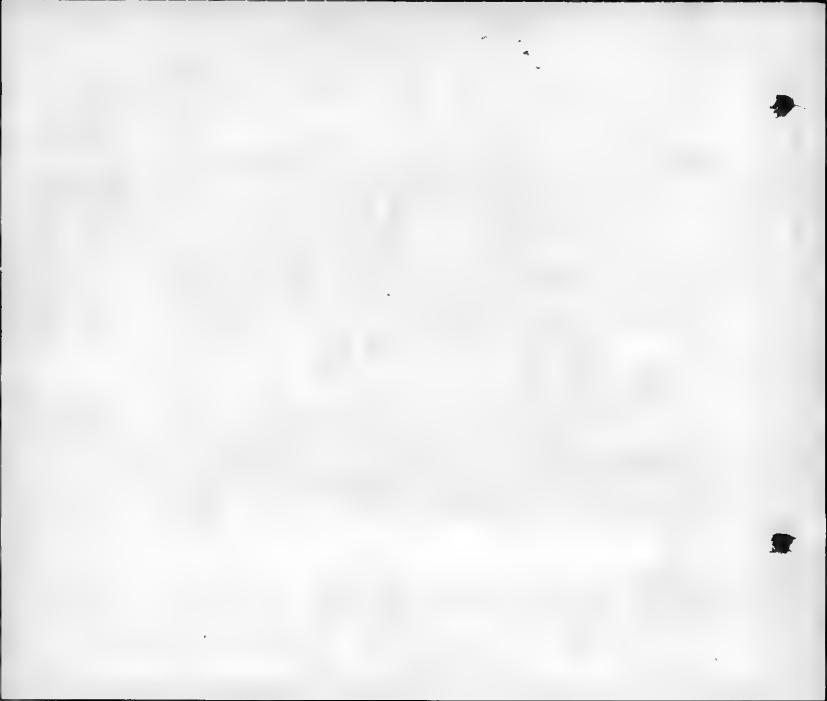
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HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/55 U

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

*4.CQ		
CERTIFICATE OF DEA	TH	Ì

Reg. Dist. No. 06167

1. PLACE OF DEATH O COUNTY TALBOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before state of the county	BUT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give new RURAL and give newsest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give new Claubin RNE	arest fown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTEN MOMORIAL HOSP, DIM	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Aiddle West DEATH Month DEATH	7 Year 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years legy birthday) Months Days WIDOWED DIVORCED APRIL 14, 1909 1909	Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN Country working life, even if refired)	F WHAT COUNTRY?
13. PATHER'S NAME JOSEPH JEHERSON 14. MOTHER'S MAINEN EMORA, KOSKYA	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (1911. no or unknown) (H yes, give wor or dates of service) of and ames less than	41
18. CAUSE OF DEATH [Enter only one course per line (5/6), (6), ond (6)] PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (6) DUE SE ON:	ERVAL GETWEEN SET AND DEATH
Canditions, if ony, which gove rise to immediate cause (o), stoling the under: lying couse lost. (b) Could be given by the country of the co	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(o)	PERFORMED?
20b. ACCIDENT WAS UNDERLYING () OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. m. 19 of work at work at work 19 of work 19 o	(State)
21. I certify that Lattended the deceased from 19, to 19, that I last so alive on Clark 19, and that death occurred at 11 A.M. from the causes and on the do	
ACTUAL SIGNATURE OF SECTION ADDRESS (Street, city or lown, store) M.D. 219 51 W34 71179 7677 57	DATE SIGNED
PHYSICIAN'S E.C.H. Schmidt Ezyton 16, Mary lan	1
220 BURIAL CREMATION, 226. DATE THEREOF / 220 NAME OF CEMESTERY OR CREMATORY 22d LOCATION (City, town, or county)	Trid
23. FUNERAL DIRECTOR'S SIGNATURE /ADDRESS / LAW PACIFIC DELLA JOATE MAY 2.0 158 / OR COMMENTAL DIRECTORY SIGNATURE / DATE MAY 2.0 158	RE

of director, be filed with PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 or retained by the hospital or attending physician.

ERAL DIRECTO
After this certificate has been signed by the attending physician and completely filled in by the final director, a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with sisterar prior to burial, crematian, ar remayal, and in any event within 72 hours after acapt.

TO HOS	Hay by	TO FUN	poge 3	the reg
1	SM	A19	(5)	-

	5170 CERT	IFICA	TIE OF DEATH		Reg. Dist. No.	
	1. PLACE OF DEATH C. COLUMN A / Bo MAR	YLAND	2. USUAL RESIDENCE (Where	deceased lived. If institution b. COUNTY	Talh	re admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	45 45	Easton	ide corporate limits, write Ri	URAL and give nea	rest (own)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIA / HOSPITA /		d. STREET ADDRESS 48 Flood	Are.		ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Chavles E	le	Wi/5077	OF DEATH 5	th _ Do	Year - 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR		2/23/18	9. AGE (In years lost brandoy) yrs.	Months Doys	IF UNDER 24 HRS. Hours Min,
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired) Laborer 1	OR INDUS	TRY 11. BIRTHPLACE (Stole or Mary) an	foreign country)	12. CITIZEN O	HAT COUNTRY
	EYnest Hanks	- U	Tachel	Anne N	1/150n	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Young) or unknown) (If you give wor or dates of service)	0. 17. K	Istude	Levis	day	alter
	18. CAUSE OF DEATH [Enter only one course per line fo) (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate course (a), stating the under-	in a	y will	Reg	INTE	PAL BETWEEN
	Iying couse last. (c)	EATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	EN IN PART I(o)	P. WAS AUTOPSY PERFORMED? YES NO
		OCCURRED). (Enter nature of injury in Part	I t or Part II of item 18.)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work		CE OF INJURY (Home, form, tary, street, affice bldg., etc.)	20f. (City or town)	(County)	(Stole)
	21. I certify that siteaded the deceased from olive on the signature of the siteaded the deceased from one of the siteaded the deceased from olive on the siteaded the deceased from the siteaded	of death		M, from the causes a DRESS (Street, city or Jawn,	nd on the dat	
	PHYSICIAN'S L	210	11 tzg	16/	Nex	12rd
	SEMPVAL (Specify) 5/4/58 Trapp	Cl e	metery!	d LOCATION (City, town, o	Ma	(Stote)
-	23 FUNERAL DIRECTOR'S SIGNATURE LEVEL BONG BONG	ton	DATE MAY	1 5 '58 CLL	Leau	(k

MINER SO STADELISED WAS TO Company of the Company of the Property of the Company of the Compa

TO FUNERAL DIRECT.
After this certificate has been signed by the attending physician and completely filled in by the filled with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Booth certificate be executed within 24 hours after death. Page 4 80 I VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18

6171 **CERTIFICATE OF DEATH**

Reg. Dist. No. 06169

1. PLACE OF DEATH	+	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institutions feside	ence before admission)
	outside corporate limits, write	e. LENGTH OF STAY IN 16	c. CLTY OR TOWN (If our	de corporate limits, write RURAL and	give nearest town)
E Q 3 TO		6hrs 40 min	5 Dento	n (Rur	-a1)
	L (If not in hospital, give street		d. STREET ADDRESS	05x-2	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	Jerome.	Middle Merrit	+ Wandward	DATE Month OF DEATH	Doy Year 19 - 1958
5. SEX	6. COLORYOR RACE 7. MAR WIDOW	RIED NEVER MARRIED	B. DATE OF BIRTH /0/20/92	P. AGE (In years less birthday) Months Yrs.	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION during most of working 50/e3 ma. 13. FATHER'S NAME	ig life, even it refired)	KIND OF BOSINESS OR INDU	STRY 11. BIRTHPLACE (Store or MANY 4/9	foreign country) 12. C	1. 5.A.
Jerome	H. Wood	ward	Mary Eliz	abeth Flu	harty
	IN U. S. ARMED FORCES? 16.	social SECURITY NO. 17.	Mis Betty	Pleasanta	y dadaste
PART I. DEATI 526 × Conditions, if un gove rise to im couse (o), stoting th	mediote (ne for (o)(b), and (c).] 73	may El	Lena	INTERVAL STWEEN ONSET AND DEATH
lying cause lost. PART II. OTHE 20a. ACCIDENT WAS OR CONTRIBUTING [If EITHER, NOTIFY M	(c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH 1	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Par	t I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. 19 While of wo	_ Not while for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f, (City or town)	(County) (State)
21. I certify the alive on	of attended the decea			Mess (Street, girror town, strie)	last saw the deceased the date stated above. DATE SIGNED 2 0 58
PHYSICIAN'S NAME (Type)	P 2. C	of	t .		/ /
220. BURIAL, CREMATION REMOVAL (Specify)	5/23/58	226 NAME OF CEMETERY O	R CREMATORY 22	dologATION (City, lown, or county)	mel (State)
237 FUNERALIDIRECTION'S	signature .	reass boro	Mel. DATEMAY	Y REGISTRAR 246. REGISTRAR'S S	IGNATURE

DATE OF DEATH 1 THE ACTION AND THE PARTY OF THE A star to the first of the star of the sta